SAN LUIS MEDICAL & REHABILITATION CENTER

2305 SAN LUIS PLACE

GREEN BAY 54304 Phone: (920) 494	-5231	Ownership:	Partnership
Operated from 1/1 To 12/31 Days of Opera	tion: 365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03): 132	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	151	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	113	Average Daily Census:	114

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (12/31/03)	Length of Stay (12/31/03)	%
Home Health Care		 Primary Diagnosis 					27.4 35.4
Supp. Home Care-Personal Care Supp. Home Care-Household Services	No No	Developmental Disabilities		 Under 65	8.0		4.4
Day Services		Mental Illness (Org./Psy)		65 - 74	8.0		
Respite Care	No	Mental Illness (Other)	7.1	75 - 84	38.1		67.3
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	35.4	* * * * * * * * * * * * * * * * * * *	****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.9	95 & Over	10.6	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.9			Nursing Staff per 100 Resi	dents
Home Delivered Meals	No	Fractures	8.0		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	7.1	65 & Over	92.0		
Transportation	No	Cerebrovascular	8.0			RNs	11.2
Referral Service	No	Diabetes	0.9	Gender	용	LPNs	8.4
Other Services	Yes	Respiratory	6.2			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	13.3	Male	26.5	Aides, & Orderlies	43.6
Mentally Ill	No			Female	73.5		
Provide Day Programming for			100.0				
Developmentally Disabled	Yes				100.0		
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Method of Reimbursement

		Medicare			edicaid itle 19			Other			Private Pay	:		amily Care			Managed Care			
Level of Care	No.	90	Per Diem (\$)	No.	οlo	Per Diem (\$)	No.	%	Per Diem (\$)	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	19	100.0	316	64	95.5	123	0	0.0	0	24	100.0	156	0	0.0	0	3	100.0	298	110	97.3
Intermediate				2	3.0	103	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	1.8
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				1	1.5	179	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.9
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	19	100.0		67	100.0		0	0.0		24	100.0		0	0.0		3	100.0		113	100.0

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Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period							
	I				% Needing		Total
Percent Admissions from:		Activities of	용		sistance of		Number of
Private Home/No Home Health	16.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	5.3		69.9	24.8	113
Other Nursing Homes	1.8	Dressing	12.4		66.4	21.2	113
Acute Care Hospitals	81.5	Transferring	21.2		69.0	9.7	113
Psych. HospMR/DD Facilities	0.0	Toilet Use	16.8		67.3	15.9	113
Rehabilitation Hospitals	0.0	Eating	64.6		24.8	10.6	113
Other Locations	0.7	*****	*****	*****	* * * * * * * * * * * * * * * * * *	******	******
Total Number of Admissions	275	Continence		용	Special Treatmen	ts	용
Percent Discharges To:	1	Indwelling Or Extern	nal Catheter	6.2	Receiving Resp	iratory Care	5.3
Private Home/No Home Health	0.0	Occ/Freq. Incontine	nt of Bladder	5.3	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	43.6	Occ/Freq. Incontine	nt of Bowel	49.6	Receiving Suct	ioning	0.0
Other Nursing Homes	1.5				Receiving Osto	my Care	0.9
Acute Care Hospitals	19.3	Mobility			Receiving Tube	Feeding	1.8
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	4.4	Receiving Mech	anically Altered Diets	21.2
Rehabilitation Hospitals	0.0						
Other Locations	9.5	Skin Care			Other Resident C	haracteristics	
Deaths	26.2	With Pressure Sores		2.7	Have Advance D	irectives	98.2
otal Number of Discharges	i	With Rashes		0.9	Medications		
(Including Deaths)	275 i				Receiving Psyc	hoactive Drugs	61.1

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietary	100	-199	Ski	lled	Al.	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	용	Ratio	%	Ratio	양	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	75.2	86.2	0.87	87.6	0.86	88.1	0.85	87.4	0.86
Current Residents from In-County	0.0	78.5	0.00	83.0	0.00	82.1	0.00	76.7	0.00
Admissions from In-County, Still Residing	0.0	17.5	0.00	19.7	0.00	20.1	0.00	19.6	0.00
Admissions/Average Daily Census	241.2	195.4	1.23	167.5	1.44	155.7	1.55	141.3	1.71
Discharges/Average Daily Census	241.2	193.4	1.25	166.1	1.45	155.1	1.56	142.5	1.69
Discharges To Private Residence/Average Daily Census	105.3	87.0	1.21	72.1	1.46	68.7	1.53	61.6	1.71
Residents Receiving Skilled Care	97.3	94.4	1.03	94.9	1.03	94.0	1.04	88.1	1.11
Residents Aged 65 and Older	92.0	92.3	1.00	91.4	1.01	92.0	1.00	87.8	1.05
Title 19 (Medicaid) Funded Residents	59.3	60.6	0.98	62.7	0.95	61.7	0.96	65.9	0.90
Private Pay Funded Residents	21.2	20.9	1.01	21.5	0.99	23.7	0.90	21.0	1.01
Developmentally Disabled Residents	4.4	0.8	5.51	0.8	5.78	1.1	3.99	6.5	0.68
Mentally Ill Residents	50.4	28.7	1.75	36.1	1.40	35.8	1.41	33.6	1.50
General Medical Service Residents	13.3	24.5	0.54	22.8	0.58	23.1	0.57	20.6	0.65
Impaired ADL (Mean)	46.4	49.1	0.94	50.0	0.93	49.5	0.94	49.4	0.94
Psychological Problems	61.1	54.2	1.13	56.8	1.08	58.2	1.05	57.4	1.06
Nursing Care Required (Mean)	4.1	6.8	0.60	7.1	0.58	6.9	0.59	7.3	0.56